

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bm		09-25-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ZH SL	1120 1021	10-30-01 01-04-01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	+	✓	1/27/03
2	+	✓	1/15/03
3	+	✓	
4	+	✓	
5	+	✓	
6	+	✓	
7	+	✓	
8	+	✓	
9	+	✓	
10	+	✓	
11	+	✓	
12	+	✓	
13	+	✓	
14	+	✓	
15	+	✓	
16	+	✓	
17	+	✓	
18	+	✓	
19	+	✓	
20	+	✓	
21	+	✓	
22	+	N	
23	+	N	
24	+	N	
25	+	N	
26	+	N	
27	+	N	
28	+	N	
29	+	N	
30	+	N	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

je 9/07  
 1/04/02